



SAFE SANCTUARY POLICY

Harrison United Methodist Church
15008 Lancaster Highway
Pineville, North Carolina 28134
704-541-3463

The members and staff of Harrison United Methodist Church (HUMC) are committed to maintaining a safe environment for every child and young person involved in its ministry. Our goals are to protect children and youth from sexual or physical abuse or neglect, to educate workers and care givers concerning abuse issues and to protect staff and volunteers, as well as the Church as a whole, from potential allegations of abuse and neglect.

A. Selection of Paid Workers and Volunteers.

1. All scheduled workers with children or youth, full or part time, compensated or volunteer, including without limitation clergy, Sunday School teachers, youth group workers, nursery workers, Vacation Bible School, and choir leaders will complete a Primary Screening Form for working with Children or Youth. (**Attachment A**) A criminal background check will be performed at the time of employment or engagement in a position of caring for youth and children and performed in three (3) year intervals hereafter.
2. Occasionally unscheduled volunteers for programs sponsored by HUMC where children and youth are entrusted to the care of adults will complete the Secondary Screening Form for working with Children or Youth Workers. Other churches or religious organizations who participate in programs on HUMC premises will complete a Secondary Screening Form (**Attachment B**) unless their church or religious organization has a similar policy in place and has furnished a copy to HUMC. Standards of the participating organization's Policy must have similar components to Harrison's Safe Sanctuary Policy.
3. Personal interviews will be conducted with all applicants for employment and may be conducted with volunteers who have regular contact with children and youth. If a worker has been volunteering for two years or more with no incidents, an interview is not necessary.
4. Reference checks will be made on all compensated workers and all volunteer workers. Authorized personnel will make the reference checks. If a worker has been volunteering for two years or more with no incidents, reference checks are not necessary.
5. All information, provided in the application forms, as well as any information collected through reference checks or other investigation or inquires, will be kept confidential and reviewed only by authorized personnel.
6. Persons who have been convicted of, or pled guilty to, physical and/or sexual abuse of children, neglect of children, or other serious crimes against persons (rape, assault, domestic violence, etc.), or against whom such charges are pending, will not be allowed to work with children or youth.
7. Church membership or regular church attendance at HUMC for a minimum of 6 months is a requirement for working with children or youth. Exceptions to this provision of the policy may be granted by a Harrison UMC Pastor in the case of combined programs with other churches, intern programs and other similar circumstances (with the exception of unscheduled volunteers as mentioned in #2 above.)

B. Guidelines for Workers with Children or Youth

1. At least two adults should be present at all times during any activity involving children or youth, under age 18 and younger, even if only one child or youth is present. An adult needs to be close by when dealing with bathroom or counseling situations. A floater in the hallway for this policy will be considered appropriate with an adult in each room.
 - a. All workers must know the state requirements in reporting suspected abuse to law enforcement authorities and child protective services. In NC you are mandated, if there is reasonable cause, to report suspected cases of child abuse. (**Attachment C: N.C. State Requirements for Reporting Suspected Abuse** will be given to each worker and they must sign that they have received and read it.)

2. Questionable or inappropriate behavior should be reported immediately, but no later than 24 hours, to the proper ministry leader as such conduct can precede abuse, even though the observed act itself does not constitute abuse.
3. Always have the proper child/adult ratio. Adult is considered 18 and over. Those 12 to 18 may assist an adult teacher if they are at least 5 years older than the oldest child in the group.

Ratios: 1 adult for every 4, for infants and toddlers

1 adult for every 6 for two years old

1 adult for every 8 for threes, fours and kindergarteners

1 adult for every 10 for first through fifth graders

1 adult for every 15 with youth (grades 6-12)

1 adult for every 8 for overnight trips

4. If a person desires to plan an activity off campus, he/she must:
 - a. Request permission and have approval from the appropriate ministry leader.
 - b. Have a Parent Consent Form (**Attachment D**) signed and returned to appropriate ministry leader by a legal parent or guardian.
 - c. The Parent Consent Form, signed by the parent/guardian, must travel with the child/youth.
 - d. Travel must be done according to the N.C. laws in respect to car seat safety, etc.
 - e. When out of town and overnight events take place, separate male / female sleeping compartments shall be strictly enforced. The male/ female chaperones should occupy the perspective same gender as they are accompanying.
5. Doors to classrooms used by children or youth should include windows (or have half doors which are open), which should be uncovered at all times. Alternatively, doors without windows should be kept open.
6. Other organizations that use Church premises for youth oriented activities (for example, Boy or Girl Scouts) will be provided a copy of this policy and required to adopt this policy unless the organization has a similar policy in place and has furnished a copy to HUMC.

C. Procedures for Reporting Incidents of Abuse of a Child or Youth

(Incidents of potential abuse are considered “HIGHLY CONFIDENTIAL” and minimal persons, including appropriate Ministry Leader, should be involved.)

1. Incidents of abuse or reasonably suspected incidents of abuse of children or youth must be reported as soon as possible but no later than 24 hours to the appropriate ministry leader.
2. The person reporting the incident will document, in writing with date and signature, all known facts and circumstances and will also make a report that documents all steps taken in the course of handling the reported incident. (**Attachment E: Incident Report Form**)
3. All adult members of HUMC staff and other adults participating in programs on the property of HUMC are encouraged to be sensitive to the potential for abuse of children or youth. They will be encouraged not to hesitate to caution others that activities they observe are, or may appear to be, inappropriate. The Church will be supportive of individuals who in good faith make reports of actual or reasonably suspected cases of abuse.
4. When appropriate the Ministry Leader, along with any other appropriate church leadership, will notify the appropriate authorities of alleged abuse.
5. Any organization that uses HUMC facilities will also notify the Pastor and/or Chairperson of SPRC (Staff Parish Relations Committee) as soon as possible about any incident or suspected incident of abuse involving any person affiliated with such organization while using HUMC facilities.
6. The confidentiality of all persons involved will be safeguarded.

D. Responding to Allegations of Abuse of a Child or Youth

1. Every allegation will be taken seriously and a HUMC Pastor will be notified. Adequate care and respect must be offered to the alleged victims and alleged perpetrators until the allegation can be substantiated or cleared.
2. All procedures listed in the previous section on Reporting will be strictly followed.
3. All records relating to the matter will be maintained in confidential files and any correspondence; verbal or written are to be kept in a locked cabinet.
4. All efforts in handling the situation will be carefully documented by the appropriate ministry leader.
5. The parents/guardians of the suspected victim will be notified as soon as feasibly possible.
6. The Church General Liability insurer will be notified and placed on notice about the incident by the Trustee Chairperson or Church Administrator. If the allegation is of a full-time staff member, the Staff Parish Relations Committee Chairperson will also be notified.
7. The safety and security of the child must be safe-guarded before the person accused of abuse is confronted.
8. The designated Pastor, and/or a person of their choosing, will be the sole spokesperson for the Church insofar as media inquiries are concerned.
9. Any person accused must be treated with dignity and support. That person will be immediately relieved of further responsibilities, as circumstances dictate, until the allegations are cleared or substantiated.

E. Training and Education

1. All compensated workers and volunteers will be trained regarding protection of children and youth from sexual abuse and protection of adults from false accusations of abuse. This initial training will include the following:
 - a. The need for the Safe Sanctuary Policy.
 - b. Church policies governing working with children and youth.
 - c. Procedures for reporting observed or suspected misconduct/abuse.

REPORTING PROCEDURES BY CHURCH WORKERS

Any person involved in the Children's/Youth Ministry should report any suspicious behavior or comments that would lead an individual to believe that Physical Abuse and/or Sexual Abuse has occurred in connection with Church functions or Church property. The following are potential indications of possible abuse:

- PHYSICAL SIGNS – lacerations and bruises, nightmares, irritation, pain or injury to genital area, difficulty with urinating, discomfort when sitting, torn or bleeding underclothing.
- BEHAVIORAL SIGNS – unusual anxiety when approaching church or nursery area, nervous or hostile behavior toward adults, sexual self-consciousness, “acting out” sexual behavior, unusual withdrawal from church activities
- VERBAL SIGNS - *I don't like* (particular church worker), (a church worker) *does things to me when we're alone, I don't like to be alone with* (a church worker), (a church worker) *“touched me where I do not like it”,* (church worker) *“hit me”*.

***** If any of these things should take place, persons must report what they have seen or heard to the person directly over their department. The department head will then relay that information to a HUMC Pastor. If, in the judgment of the HUMC Pastor, there is any truth to the allegations, he/she will report these findings to the Department of Health and Human Services: Division of Social Services (**Amendment “C”** within 24 hours.) *****

APPLICANT'S STATEMENT:

I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE SAFE SANCTUARY POLICY FOR THESE REPORTING PROCEDURES FOR HARRISON UMC.

Signature

Date

Printed Signature



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ATTACHMENT "A"

The information obtained on this form is for internal use by Harrison United Methodist Church only.

Primary Background Screening Form for Working with Children or Youth

All applicants for positions involving the supervision or custody of children or youth must complete this screening form. Harrison United Methodist Church (HUMC) uses this form in order to help provide a safe and secure environment for children and youth who participate in its programs. *No volunteer should be considered for any position involving contact with children or youth until the candidate has been involved with this church for 6 months (unless authorized by a HUMC Pastor). You may begin the application process after two months of regular attendance at the church. **(Please check the box below for position this applicant desires.)**

- Full-time Staff, PreSchool Teacher, Sunday School Teacher, Youth Worker/Volunteer,
 Nursery Worker/Volunteer, Vacation Bible School Teacher/Assistant, Choir Leader/Assistant

DISCLOSURE STATEMENT

By this document, Harrison United Methodist Church discloses to you that a consumer report and/or investigative consumer report may be obtained for employment or volunteer purposes as part of the background investigation and at any time during your employment or affiliation with our church. An investigative consumer report may include information as to your character, general reputation, personal characteristics and mode of living, whichever apply. The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and scope of the investigation requested. You may also request a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

Personal

Applicant – please complete information below: Please Print

Name _____ Date of Birth _____
(First, Middle, Last)

Other names used (i.e.: former married or maiden) _____

Social Security # _____ Sex _____ Race _____

Driver's License# and State _____

Identity must be confirmed with a state driver's license or other photographic identification.

Home addresses for the past seven (7) years:

1. Present address: _____ ***From: (month/year)*** _____

City _____ ***State*** _____ ***Zip*** _____ ***County*** _____

Phone (H) _____ ***(W)*** _____ ***E-mail*** _____

(Street/City/State/Zip Code/County/Month/Year)

2. _____ County _____ From: _____

3. _____ County _____ From: _____

4. _____ County _____ From: _____

Please answer the following questions:

- 1. Do you currently have any charges pending, or have you ever been convicted of or pleaded guilty to a crime that involves physical and/or sexual abuse of a child or child neglect? Yes, No
- 2. Have you ever been charged with or convicted of child neglect or abuse? Yes, No
- 3. Has anyone ever made any complaints or allegations of misconduct involving children against you? Yes, No
- 4. Have you been convicted of the possession, use, or sale of drugs? Yes, No
- 5. Within the past 90 days, have you abused alcohol or legal drugs? Yes, No
- 6. Within the past 90 days, have you used any illegal drugs? Yes, No
- 7. Have you been convicted of or plead guilty to a traffic offense within the last 7 years? Yes, No

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If you answered "yes" to any of the above questions, please explain below.

Do you have any health related condition(s) that would keep you from effectively working with or cause any potential harm to children/youth? Yes _____ No _____

If you answered "yes" to the above, please describe below.

CHURCH HISTORY AND PRIOR WORK INVOLVING CHILDREN/YOUTH

List names and addresses of other churches you have attended regularly during the past five (5) years.

List all previous church work involving children and or youth in the past five (5) years. Please be specific.

List all previous non-church work involving children and or youth in the past five (5) years. Please be specific.

List any special skills, training, education, or other factors that you have relevant to volunteering with children/youth.

List all previous church work involving children and or youth in the past five (5) years. Please be specific.

Do you have any medical training or are you either First Aid or CPR trained? _____

REFERENCES

Please list three (3) references we may contact. Please include a pastor, a former ministry leader and a former employer. (Do not list family members.)

1.

Name _____

Address _____

Phone _____

2.

Name _____

Address _____

Phone _____

3.

Name _____

Address _____

Phone _____



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ATTACHMENT "B"

Secondary Screening Form for Occasional and/or Unscheduled Volunteers

Occasional unscheduled volunteers must complete this screening form before working at events involving children and/or youth. They must then complete an interview with an approved ministry leader. There are also occasions when we combine events with other churches or organizations; this screening form is for said volunteers unless the participating organization submits a copy of their Policy with Harrison United Methodist Church (HUMC). Standards of the participating organization's Policy must have similar components to HUMC's Safe Sanctuary Policy.

Personal

Applicant – please complete information below: Please Print

Name: _____ Date of Birth: _____
(First, Middle, Last)

Other names used (i.e.: former married or maiden) _____

Social Security #: _____ Sex: _____ Race: _____

Driver's License# and State: _____

1. As a church volunteer, do you agree to observe all church policies regarding children/youth? Yes, No
2. Have you ever been convicted of, or pled guilty to, physical and/or sexual abuse or neglect of children or other serious crimes against persons (rape, assault, domestic violence, etc.) ? Yes, No
3. Are you now or have you ever been a registered sex offender? Yes, No

Volunteer's Pledge

I have not been convicted of, or pled guilty to, physical and/or sexual abuse or neglect of children, or other serious crimes against persons (rape, assault, domestic violence, etc.). I have not been nor am I currently involved in any abuse of a minor. I have received a copy of the Safe Sanctuary Policy of Harrison United Methodist Church and the State Requirements for reporting suspected abuse/neglect of a child/youth agree to observe said procedures regarding working with children and/or youth.

By my signature below I attest that all information I have provided to HUMC is true and accurate to the best of my knowledge. I understand that providing false or misleading information may in and of itself be sufficient to prohibit my participation in volunteering/working in this capacity with HUMC. I give permission for HUMC to run a background check as they do other volunteers.

(Signature of Volunteer)

(Date)

(Printed Name of Volunteer)

(Revised September 2011)

----- **Volunteer's Pledge** -----

I have not been convicted of, or pled guilty to, physical and/or sexual abuse or neglect of children, or other serious crimes against persons (rape, assault, domestic violence, etc.). I have not been nor am I currently involved in any abuse of a minor. I have received a copy of the Safe Sanctuary Policy of Harrison United Methodist Church and the State Requirements for reporting suspected abuse/neglect of a child/youth agree to observe said procedures regarding working with children and/or youth.

By my signature below I attest that all information I have provided to HUMC is true and accurate to the best of my knowledge. I understand that providing false or misleading information may in and of itself be sufficient to prohibit my participation in volunteering/working in this capacity with HUMC. I give permission for HUMC to run a background check as they do other volunteers.

(Signature of Volunteer)

(Date)

(Printed Name of Volunteer)



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ATTACHMENT “C”

NORTH CAROLINA PROCEDURE FOR REPORTING SUSPECTED INCIDENTS OF ABUSE OR NEGLECT OF CHILDREN AND/OR YOUTH

Reporting Suspected Abuse and Neglect

While most of us want nothing but the best for our children, child abuse and neglect are too common. While the words abuse and neglect are often used interchangeably, each type of maltreatment is distinct. Abuse is the intentional maltreatment of a child and can be physical, sexual, or emotional in nature. Neglect, on the other hand, is the failure to give children the necessary care they need. The emotional scars of both types of maltreatment are often deep and no child deserves to be maltreated.

If you suspect that a child is being abused or neglected, or if you think a child may have died from being mistreated, you must report what you know to the [Mecklenburg County Department of Social Services](#). This is the law ([N.C.G.S. § 7B-301](#)). Do not be afraid to report. As long as you are acting in good faith, you cannot be held liable ([N.C.G.S. §7B-309](#)).

Mecklenburg County Department of Social Services
Ms. Mary E. Wilson, Director
(704) 336-3000
Fax (704) 353-1325
301 Billingsley Road
Post Office Box 220999
Charlotte, NC 28222
Courier Number: 05-14-12

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect. It is important to note that any one of these things could mean anything or nothing. For example, there are many reasons a child may not want to go home on any particular day, or a child may be overly compliant when they are trying to please a favorite teacher. However, when you have a cluster of two or more of these, this should raise a red flag to at least talk to the child and/or parent, and at most call your local Child Protective Services. It is also important to remember that issues related solely to poverty are not considered child maltreatment issues.

- Shows sudden changes in behavior or school performance;
- Displays overt sexualized behavior or exhibits sexual knowledge that is inconsistent with their age;
- Has not received medical attention for a physical injury that has been brought to the parents' attention;
- Is always watchful, as though preparing for something bad to happen;
- Is overly compliant, an overachiever, or too responsible;
- Comes to school early, stays late, and does not want to go home; or
- Has unexplained burns, bites, bruises, broken bones, or black eyes;
- Has bruises or marks in non-prominent, “fleshy” areas of the body (for example, inside of biceps or behind the knees);
- Has fading bruises or other marks noticeable after an absence from school;
- Seems frightened of the parents and protests or cries when it is time to go home from school;
- Shrinks at the approach of adults;
- Reports injury by a parent or another adult caregiver

Recognizing Child Neglect

- Lacks needed medical or dental care;
- Lacks age appropriate adult supervision ;
- Lacks clothing appropriate for the weather;
- Reports family violence in the home;
- Reports use of illegal substances or excessive use of alcohol by parents or caregivers (for example, to the point the parent passes out);
- Abuses alcohol or other drugs; or
- States there is no one at home to provide care.

Please sign & date below that you have received this information and that you have read it.

(Print Name)

(Signature)

Date



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ATTACHMENT "C"

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Parent Consent Form

This Parent Consent Form gives permission for my child to participate in an activity off campus and sponsored by Harrison United Methodist Church. (All portions of this form shall be completed before the child is registered for the event).

Name of **CHILD**: _____ Home Phone #: _____

Name of **PARENT**: _____ Cell Phone #: _____

Address: _____

I give permission for my child _____ to attend and participate in
(Full name of child)

(insert name of event) including those that require off-campus transportation.

My child has the following physical condition that may require special attention:

- Diabetes Hyperventilation Convulsions Seizures Allergies

Please specify allergies: _____

Other (please specify): _____

Does your child require any special accommodations or have special accessibility needs? _____

If yes, please explain _____

(A Ministry Leader will contact you to discuss these needs.)

Medical Treatment Release, Liability Release, and Photograph Release

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable **in excess** of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

I give permission for photographs of my child taken during the trip to be used at the discretion of Harrison UMC and the Children's Ministries leadership wherever deemed appropriate.

Name of parent/guardian (Please print): _____

Signature of parent/guardian: _____ Date: _____

Medical Insurance Carrier: _____ Group #: _____

(Attach Copy of both sides of the Insurance Card)



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CHILDREN & YOUTH

ATTACHMENT "E"

INCIDENT REPORT

In the event of an incident (injury, accident, or suspected abuse) involving a child/youth or volunteer/worker, please fill out this form completely and turn in to the appropriate staff member.

Date of Incident: _____ Time of Incident: _____

Name of person injured: _____ Age: _____

Parent or guardian of person injured: _____

Address of person injured: _____

Name of others involved: _____

Name of person(s) who witnessed the incident:

Name: _____ Phone: _

Name: _____ Phone: _

Name: _____ Phone: _

Name: _____ Phone: _

Describe Incident:

Action (s) Taken:

Childcare Provider's Signature

Date

Parents' Signatures

Date

Signature(s) of Other's Involved and Date:

Appropriate Staff Member's Signature

Date

Copies: _____ Parent _____ Other Persons Involved _____ HUMC Pastor _____ File copy